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LEGISLATIVE RESEARCH COMMISSION

REPORT
TO THE
1977

GENERAL ASSEMBLY OF NORTH CAROLINA



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EMERGENCY MEDICAL SERVICES

RALEIGH, NORTH CAROLINA

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JANUARY 12, 1977

TO THE MEMBERS OF THE 1977 GENERAL ASSEMBLY:

The Legislative Research Commission herewith reports to the 1977 General Assembly of North Carolina on the matter of Emergency Medical Service. The report is made pursuant to House Bill 296 of the 1975 General Assembly.

This report was prepared by the Legislative Research Commission Committee on Emergency Medical Services, and it is transmitted by the Legislative Research Commission to the members of the 1977 General Assembly for their consideration.

Respectively submitted,

John T. Henley

James C. Green

Co-Chairmen

Legislative Research Commission



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ARTICLE 6B.

Legislative Research Commission.

§ 120-30.10. **Creation; appointment of members; members ex officio.** — (a) There is hereby created a Legislative Research Commission to consist of five Senators to be appointed by the President pro tempore of the Senate and five Representatives to be appointed by the Speaker of the House. The President pro tempore of the Senate and the Speaker of the House shall be ex officio members of the Legislative Research Commission. Provided, that when the President of the Senate has been elected by the Senate from its own membership, then the President of the Senate shall make the appointments of the Senate members of the Legislative Research Commission, shall serve ex officio as a member of the Commission and shall perform the duties otherwise vested in the President pro tempore by G.S. 120-30.13 and 120-30.14.

(b) The cochairmen of the Legislative Research Commission may appoint additional members of the General Assembly to work with the regular members of the Research Commission on study committees. The terms of the additional study committee members shall be limited by the same provisions as apply to regular commission members, and they may be further limited by the appointing authorities.

(c) The cochairmen of the Legislative Research Commission may appoint persons who are not members of the General Assembly to advisory subcommittees. The terms of advisory subcommittee members shall be limited by the same provisions as apply to regular Commission members, and they may be further limited by the appointing authorities. (1965, c. 1045, s. 1; 1975, c. 692, s. 1.)

* * * * *

§ 120-30.17. **Powers and duties.** — The Legislative Research Commission has the following powers and duties:

- (1) Pursuant to the direction of the General Assembly or either house thereof, or of the chairmen, to make or cause to be made such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner.
- (2) To report to the General Assembly the results of the studies made. The reports may be accompanied by the recommendations of the Commission and bills suggested to effectuate the recommendations. (1965, c. 1045, s. 8; 1969, c. 1184, s. 8.)

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Cochairman

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Sen. Luther J. Britt, Jr.
Sen. Cecil James Hill
Sen. William D. Mills
Sen. Willis P. Whichard

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INTRODUCTION

At the authorization of the 1975 General Assembly of North Carolina (1975 Session Laws, Chapter 851), (see Appendix I) the Legislative Research Commission undertook this further study of "Emergency Medical Services and Care". The words of the bill directed that the study take into account and "inquire into training, standards, examination, qualifications and other pertinent areas of emergency medical care and services".

In order to accomplish this task the Commission assigned Senator Willis Whichard to be Chairman of the Emergency Medical Services Committee. To shoulder the day to day responsibilities of the study Senator Kenneth C. Royall, Jr, and Representative Larry P. Eagles were appointed Co-Chairmen of the study. The other members appointed were Senators Ollie Harris and Ralph Scott along with Representatives Nancy Chase, John J. Hunt, John W. Varner and Richard Wright. The Legislative Services Office provided staff assistance to the Committee for this study.

The Committee received information, suggestions, complaints and proposals on a wide range of matters concerning the emergency medical services system from individuals and organizational representatives who were specifically invited to attend and make presentations. (The persons who appeared before the Committee are listed in Appendix II.) Members of

the Committee freely participated in discussions with witnesses and deliberations with fellow committee members. The minutes of the Committee meetings reflect the statements and discussion at each meeting which these persons attended. All of this information is included in the Committee files.

BACKGROUND

The North Carolina General Assembly has shown continuing concern with the extent and quality of emergency medical services within North Carolina. The funding of a 1973 Legislative Research Commission Committee on Emergency Medical Services led directly to the establishment of an office of Emergency Medical Services within the Department of Human Resources. Monies were appropriated to upgrade training, transportation, hospital emergency rooms and communications. Chapter 224 consolidated the rule-making authority over ambulances and personnel in the Medical Care Commission with continued advise from the State EMS Advisory Council. Chapter 1121 authorized training emergency medical technicians (EMT) to perform advanced first aid and limited medical procedures under rules and regulations of the Board of Medical Examiners.

But, with the growth of a formalized and regional network for Emergency Medical Service, there was great concern that

the process was moving too fast and too much in a unitary fashion. There was concern that voluntary effort by the rescue squads would be displaced with concomitant costs to the state and local units of government. There was dissatisfaction with the program in several areas of the State and also apprehension, friction and concern within the ranks of the agency.

Unhappy with the Medical Care Commission's requirement of an 81-hour training course for Emergency Medical Technicians and fearing the requirements would mean that many rescue squads in rural communities would disband, the General Assembly created (Chapter 612, HB 957) another classification of emergency medical personnel- Certified Ambulance Attendants- for whom less training will be required. As Chapter 612 was enacted, the Medical Care Commission will determine the qualifications required for certification as a certified ambulance attendant and as an emergency medical technician.

Chapter 612 requires an ambulance on an emergency mission to have at least one Emergency Medical Technician, who is responsible for the medical aspects of the mission and if no one of higher qualification is available, one certified ambulance attendant who is responsible for operating the vehicle and assisting the Emergency Medical Technician.

PROCEEDINGS

The Legislative Research Commission's Committee on Emergency Medical Services (hereafter referred to as the Committee) held three meetings during the course of its deliberations. Over a period of four months the Committee heard from numerous groups and persons, including persons from the Office of Emergency Medical Services, representatives of the state rescue squads organization and members of the local rescue squads.

With the tensions and frustrations which gave rise to HB 957 uppermost in their minds, the Committee chose to investigate the effect of recent emergency medical services reorganizations and its impact on the viability of voluntary rescue squads throughout North Carolina. The method for achieving this goal was for the Committee to act as a conduit for communications between the state agencies and the rescue squads organization and to act as a sounding board for those areas of the state that were opposed to the 81-hour EMT course.

In close cooperation with the state agency, the North Carolina State Association of Rescue Squads and members of the General Assembly, local areas and local rescue squads who had concern about the effects of mandatory training and other newly established rules and regulations were invited to appear before the Committee. From the witnesses who appeared and the statements and information submitted, the Committee obtained an understanding of the forces and currents affecting local

rescue squads.

There are approximately 250 rescue squads in North Carolina. Most squads perform two separate services, rescue and ambulance. There are rescue squads which provide rescue service only but the majority also provide ambulance services. The Ambulance Act of 1967 and the rules and regulations of the office of Emergency Medical Services will not affect the operation of a rescue squad operating as such, but a "rescue squad" which is operating an ambulance service will be affected by the rules and regulations.

The Committee showed interest in a questionnaire of the North Carolina State Association of Rescue Squads which was mailed on January 1, 1975 to the 204 rescue squads who were members of the Association at that time. One hundred and nine answers were received with the following results; 56 squads replied in favor of the program, 44 squads opposed the program, with 9 letters having no opinion.

The questions posed in the questionnaire:

Do you (by squad vote) support the EMS Program?

Do you (by squad vote) oppose the EMS Program?

If you (by squad vote) support the Program; what part and why?

The answers to the above questions were many and varied. The membership who supported the program gave the following reasons for their support:

"We feel the people of North Carolina deserve the best training and equipment available".

"Assurance of better trained personnel for emergency services".

"We felt that the program is going to be able to fulfill the requirements of training, communications and transportation needed and required by all squads far better than anything in the past or present. We support it 100%".

"The program is a tremendous improvement in all aspects over any previous program. We recommend the 81-hour basic to all North Carolina rescue squads".

The membership who opposed the program gave the following answers:

"Mainly, we oppose the 81-hour training program and the way EMS is administered".

"We as a squad oppose the administrative part of the program. The program has not been carried out or handled in an appropriate manner on the State and County levels".

"We oppose the part where all the members have to complete the EMT training because all of our men are volunteers and we only operate as a rescue emergency service".

"The way the program is forcefully administered. Hours of training courses too long without recognizing prior training".

"Less word terminology and more practical application".

"Recommend this 81-hour course be broken down in 3 phases, 27 hours per year".

A copy of the questionnaire is attached as Appendix III.

It was reported to the Committee that many changes had been made in the state agency since the questionnaire was tabulated. The State now has a new Chief of the Office of Emergency Medical Services who has made many administrative changes in

policies. Personnel of the agency testified that it was their view that most of the areas of the State that opposed the 81-hour EMT course in February, 1975, have successfully completed the course. This was attested to by the fact that many of the rescue squads contacted felt that there was no need for them to testify.

One of the major points brought to the attention of the Committee was the lack of communication between the state agency and the local rescue squads. There was great concern on the part of those local rescue squads that appeared before the Committee about the impact of the EMT requirements upon the individual members' need for recertification as an ambulance attendant. At the request of the Committee, a letter was sent to all rescue squads informing them that the rule requiring an EMT on board an ambulance will not go into effect until July 1, 1977. Until that time, previous minimum staffing provisions will be in effect which require that the ambulance be staffed by a driver plus at least one certified ambulance attendant.

Both the state agency and local rescue squad members expressed concern over North Carolina's "good samaritan" law which states "any person who renders first aid or emergency assistance at the scene of a motor vehicle accident or on any street or highway, to any person injured as a result of such accident, shall not be liable for civil damages for any acts

relating to such services rendered unless such acts amounted to wanton conduct or intentional wrongdoing". (G.S. 20-166(d)) This may leave rescue squads open for litigation when rendering assistance at medical emergencies other than at the scene of a motor vehicle accident on a street or highway.

One of the causes of friction between local rescue squads and the office of Emergency Medical Services is the examination for certification which is multiple choice and computerized. Following the test, the participants do not find out which part of the test they have missed, they only learn that they have passed or failed. It was the feeling among some of the rescue squad members that they should be informed about what they missed and that the tests should be graded by the Community College where the test is administered. There was also some negative feelings about the make-up of the examination with the feeling it should include more practical emphasis rather than technical language.

Referring to the examination scores, Col. Speed, Chief of the Office of Emergency Medical Services, said that the reasons the scores were not published; first, because they felt the tests should not be competitive and second, they did not want a situation that one squad member could say he made a higher score than another.

FINDINGS

1. The role of the rescue squads in North Carolina. Ambulance service problems have been troubling communities across the state for the past several years. Public expectations have been raised as the result of numerous studies, discussions by the news media, and new developments (improved medical equipment and techniques, helicopters). On the other hand, funeral directors, once the primary operators of ambulance services, have gone out of the business in many areas of the state. Filling this gap has been a variety of ambulance services: commercial ambulance companies, rescue squads, hospital based services, fire departments, funeral directors, etc.

The General Assembly in 1967 declared as a matter of policy that the state has a particular interest in the provision of ambulance services (N.C. Session Laws 1967, CH. 343):

Section 1. It is hereby declared as a matter of state policy:

(1) That, in order to preserve, protect and promote the public health, safety and general welfare, adequate and continuing ambulance services should be available to every citizen of North Carolina.

(2) That uniform minimum standards of adequacy should be prescribed and enforced by and through appropriate state and local agencies in order to insure safe, sanitary and competent ambulance services.

(3) That, insofar as it is economically feasible, ambulance services should be provided by private enterprise.

(4) That, upon the failure of private enterprise to provide adequate and continuing ambulance services in any county, the board of county commissioners of such county should be authorized to provide or cause to be provided within such said county, such services.

It is clear that the General Assembly in 1967 meant to have the responsibility rest with each community to determine the best arrangement for emergency transportation services and that it delegate sufficient authority for local government to take any necessary action.

It is the feeling of the Committee that one of the finest resources within the State for meeting the local ambulance needs is the voluntary rescue squads. These organizations are of particular relevance in such a State as North Carolina which is primarily a rural state. It would be impossible for the state and local governments to match in dollars the voluntary services rendered by these organizations.

With the movement toward a sophisticated interconnected system, the local rescue squads have felt relegated to a secondary position and in some cases their very future has been felt to be in jeopardy. The Office of Emergency Medical Services now has a much better understanding with the rescue squads than they have had in the past. The big problem in the past has been the lack of communications between the EMS Office and the rescue squads at the local level.

2. Office of Emergency Medical Services. At the beginning of 1975 there was considerable dissatisfaction with the program in several areas of our State. There was also apprehension, friction and concern within the ranks of the agency. Due to

these problems, the leadership of the agency was changed. This has led to administrative changes in personnel and policies of the agency. It is the opinion of the Committee that the agency is operating more efficiently and morale is good.

There was also some criticism during the last session of the General Assembly regarding our state funding grants to EMS Councils. The agency is now in the process of providing state funding assistance to each of our six Health Service Areas to enable them to become eligible for federal funding. In addition, a formula has been devised based on population, square miles and number of counties per region for state funding in our 17 regional councils to assist them in upgrading their regional emergency services system.

Over 7000 Emergency Medical Technicians have been trained in North Carolina, and many of these are now requesting additional training as paramedics or I.V. Technicians.

3. During the hearings, those involved in emergency medical services expressed concern over their tort liability. The Committee agreed that there were some needed revisions in the "Good Samaritan Law". These revisions were also being considered by the Committee appointed to study malpractice and were incorporated into their statute revision and these have now become law as passed by the Second Session of the 1975 General Assembly.

CONCLUSIONS

The Committee, after review of the subject suggests that new specific EMS legislation is not needed at this time but reports the following to the General Assembly:

1. The Committee highly commends the present directions of the Office of Emergency Medical Services and strongly recommends that the EMS Advisory Council, and the agency leadership and staff do everything in its power to support and enhance the functioning of local voluntary rescue squads, recognizing the great services they perform above and beyond this personnel's other activities. The agency should take particular cognizance of the needs of these groups and the requirements consistent with a quality program that the people of this State expect.
2. Consistent with the first conclusion but needing particular mention is communication between the Office of EMS and local rescue squads. The Committee recommends that particular vigilance be paid to this. Findings show that communication is improving but still needs to reach a higher level. Many of the problems brought before the Committee could have been prevented with open and direct dialogue between the various components of the EMS system.
3. Much progress has been made in emergency medical services since the people of North Carolina, through its General Assembly, first recognized the problem. The Committee recommends that the General Assembly continue its oversight

to insure proper direction consistent with the needs and resources of the people of North Carolina. This has been partially achieved through one appointment from the House and one from the Senate to the Council. Continued attention will further insure the saving of lives and prevention of serious injury and disability of thousands of our citizens.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1975
RATIFIED BILL

CHAPTER 851

HOUSE BILL 296

AN ACT TO DIRECT THE LEGISLATIVE RESEARCH COMMISSION TO STUDY
VARIOUS MATTERS.

The General Assembly of North Carolina enacts:

Section 1. The Legislative Research Commission is directed to study the following issues, designing the individual study efforts as described in the other sections of this act:

- (1) Services for the blind (H. 296);
- (2) The office of magistrate (H. 720);
- (3) Land records information systems (H. 785);
- (4) North Carolina laws on sex discrimination (H. 845, S. 668);
- (5) Problems in foreclosure law (H. 893);
- (6) Fire and casualty insurance rate regulation (H. 1214);
- (7) State licensing boards (H. 1223);
- (8) Need for compensation of victims of crimes (H. 1202);
- (9) Means to increase the level of professionalism and efficiency of local building inspectors (S. 325);
- (10) The effect of the tax-exempt status of State-owned property upon local government revenue (S. 765); and
- (11) The possibility of State operation of a fisheries training vessel program (S. 855);
- (12) Emergency Medical Care and Services;

Sec. 2.5. In its study of emergency medical care and services the Legislative Research Commission shall inquire into training, standards, examination, qualifications and other pertinent areas of emergency medical care and services, and a special subcommittee shall be authorized consisting of six persons named by the Speaker of the House of which three shall be members of the House and three shall be public members who are interested in the problem of emergency medical care; and six persons named by the Lt. Governor of which three shall be members of the Senate and three shall be public members who are interested in the problem of emergency medical care.

Sec. 15. This act shall become effective upon ratification.

In the General Assembly read three times and ratified, this the 25th day of June, 1975.

JAMES B. HUNT, JR.
James B. Hunt, Jr.
President of the Senate

JAMES C. GREEN, SR.
James C. Green, Sr.
Speaker of the House of Representatives

PERSONS APPEARING BEFORE THE COMMITTEE

Col. Charles Speed, Chief
Emergency Medical Services
Raleigh, N. C.

Mr. Chris Gentile, Assistant Chief-Education
Emergency Medical Services
Raleigh, N. C.

Mr. Roy Kane, Executive Sec-Treasurer
N.C. Association of Rescue Squads

Mr. Charles W. Swinson, Commander
N.C. Association of Rescue Squads
Mt. Olive, N. C.

Rep. Richard Wright and the following citizens from District 19
J. L. Stanley
Glenn Thompson
Howard Stanley
LaRue Fowler
W. C. Sealy
Gene Nance

Mr. William Hale
Legislative Services Office

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1975

RATIFIED BILL

CHAPTER 612

HOUSE BILL 957

AN ACT TO AMEND G.S. 130-233 TO PROVIDE CERTIFICATION FOR
AMBULANCE ATTENDANTS AND EMERGENCY MEDICAL TECHNICIANS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 130-233 as it appears in the 1974
Cumulative Supplement to Volume 3C of the General Statutes is
hereby rewritten to read as follows:

"§ 130-233. Certified personnel required.--(a) Every
ambulance, except those specifically excluded from the operation
of this Article, when operated on an emergency mission in this
State shall be occupied by at least one certified emergency
medical technician who shall be responsible for the medical
aspects of the mission prior to arrival at the hospital and
assuming no other person of higher certification or license is
available, and one certified ambulance attendant who is
responsible for the operation of the vehicle and rendering
assistance to the emergency medical technician during the
duration of the mission. The North Carolina Medical Care
Commission shall adopt regulations setting forth exemptions to
this requirement applicable to situations where exemptions are
considered by the department to be in the public interest.

(b) The North Carolina Medical Care Commission shall adopt
regulations setting forth the qualifications required for
certification of ambulance attendants and emergency medical

technicians. Such regulations shall be effective when approved by the commission.

(c) A person desiring certification as emergency medical technician or as ambulance attendant shall apply to the commission using forms prescribed by that agency. Upon receipt of such application the commission or its representatives shall examine the applicant for emergency medical technician by written examination and the applicant for ambulance attendant by written or oral (if requested) examination and if it determines the applicant meets the examination requirements of its regulations duly adopted pursuant to this Article, it shall issue a certificate to the applicant. Emergency medical technician's and ambulance attendant's certificates so issued shall be valid for a period not to exceed two years and may be renewed after reexamination if the holder meets the requirements set forth in the regulations of the commission. The commission is authorized to cancel a certificate so issued at any time it determines that the holder no longer meets the qualifications prescribed for emergency medical technicians or for ambulance attendants.

(d) Duly authorized representatives of the department may issue temporary certificates with or without examination when it finds that such will be in the public interest. Temporary certificates shall be valid for a period not exceeding 90 days."

Sec. 2. This act shall become effective upon ratification.

In the General Assembly read three times and ratified, this the 16th day of June, 1975.

JAMES B. HUNT, JR.

James B. Hunt, Jr.
President of the Senate

JAMES C. GREEN, SR.

James C. Green, Sr.
Speaker of the House of Representatives

N. C. STATE ASSOC. OF RESCUE SQUADS, INC.

Dec. 19, 1975

The N. C. State Association of Rescue Squads, Inc. was organized in 1957.

The Association as of this date is composed of 229 unit member squads and 5400 individual members.

Although the name of the association is the N. C. State Association of Rescue Squads, practically all rescue squads provide either primary or secondary ambulance services.

The association has long been concerned over the patient care by ambulance attendants, especially in vehicle accidents and other accidents where the patient could be further injured by improper handling. The association supported the Ambulance Law in 1967.

The Board of Directors of the Association formally endorsed the training program of the Emergency Medical Service at the board of directors meeting in Aberdeen, N. C., November 18, 1973, by adopting the following motion "That the proposed amendments to the rules and regulations governing ambulance services be favorably endorsed". A copy of these proposed amendments is attached to this report.

On January 1, 1975, the association mailed a questionnaire to the 204 rescue squads who were members of the association at that time, 109 answers were received in answer with the following results; 56 squads replied in favor of the program, 44 squads opposed the program, with 9 letters or no opinions.

The questions posed in the questionnaire:

Do you (by squad vote) support the Emergency Medical Services Program?

Do you (by squad vote) oppose the Emergency Medical Services Program?

If you (by squad vote) support the Program: What part and why?

If you (by squad vote) oppose the Program: What part and why?

The answers to the above questions were many and varied.

The membership who supported the program gave the following reasons for their support:

"We feel the people of N. C. deserve the best training and equipment available."

"Assurance of better trained personnel in the emergency services".

"We felt that the program is going to be able to fulfill the requirements of training, communications and transportation needed and required by all squads far better than anything in the past or present. We support it 100%".

"The program is a tremendous improvement in all aspects over any previous program. We recommend the 81 hour basic to all N. C. Rescue Squads."

The membership who opposed the program gave the following answers:

"Mainly we oppose the 81 hour training program and the way EMS is administered."

"We as a squad oppose the administrative part of the program. The program has not been carried out or handled in an appropriate manner, on the State and County levels."

"We oppose the part where all the members have to complete the EMT training, because all our men are volunteers and we only operate as a rescue emergency service".

"The way the program is forcefully administered. Hours of training courses, too long without recognizing prior training."

"Less word terminology and more practical application".

"Recommend this 81 hour course be broken down in 3 phases, 27 hours per year".

A copy of the questionnaire is attached.

We are actually talking about two (2) separate services, rescue and ambulance, there is such a fine dividing line that it is almost impossible to separate. We have rescue squads who are providing rescue service only, we also have "Rescue Squads" who meet the minimum requirements for membership in the Association but who are primarily ambulance service providers.

